

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** TRINITY HEALTH CARE INC (0009472)

**Address:** 5605 W CUSTER AVE, MILWAUKEE, WI 53218

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096193      **End Date:** 11/29/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007234    Served 01/21/2006

Deficiencies Cited

83.21(4)(w)

83.42(2)(a)

83.43(3)(b)1

83.51(1)(e)

Subject Area

SAFE ENVIRONMENT

EVALUATION RESIDENT EVACUATION LIMITS

TESTING BY SERVICE COMPANY

CLEARED PATHWAY FROM EXITS

Compliance  
Verified

Corrected

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*